

Person Filing: _____
 Mailing Address: _____
 City, State, Zip: _____
 Day/Evening Phone: _____ / _____
 Person Filing is: ☐ SELF (No Attorney) OR ☐ Attorney
 If Attorney, Bar No.: _____ Atty. Phone: _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of: _____

Case Number: _____

NOTICE OF HEARING REGARDING APPLICATION FOR CHANGE OF NAME

Name(s) of person(s) requesting name change

READ THIS NOTICE CAREFULLY. An important court proceeding that affects your rights has been scheduled. If you do **not** understand this Notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE:** An application for Change of Name has been filed with the Court by the person(s) named above. A hearing has been scheduled where the Court will consider whether to grant or deny the requested change. If you wish to be heard on this issue, you must appear at the hearing at the date and time indicated below.
2. **COURT HEARING.** A court hearing has been scheduled to consider the Application as follows:

DATE: _____ **TIME:** _____

☐ **BEFORE:**

☐ Commissioner _____
 125 W. Washington Street
 Courtroom _____
 Phoenix, AZ 85003

☐ Commissioner _____
 18380 North 40th Street
 Courtroom _____
 Phoenix, AZ 85032

☐ Commissioner _____
 14264 W. Tierra Buena Lane
 Courtroom _____
 Surprise, AZ 85374

☐ Commissioner _____
 222 E. Javelina Drive
 Courtroom _____
 Mesa, AZ 85210

DATED: _____
 (Month/Day/Year)

Applicant's Signature